Early Interventions for Potentially Traumatic Events: A Cognitive Behavioral Protocol

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"The major heading the [combat stress control] team said, 'I'm feeling a lot of anger in this room'… I'm thinking: yeah we're angry. There are people out there who killed our friends and who are still trying to kill us. Of course he sensed anger. We're all pissed off. Who wouldn't be? I think the combat stress team approach is better suited for a single incident, something like an accident to help you get over that bump and move on… this is not just one event; its every day… we're not just recovering from April 4; we're worried about dying tonight" Steele, 2004

The Problem

- The psychological impact of war demonstrates the need for effective early interventions.
- Few well-designed studies exist that assess the effectiveness of early interventions following exposure to specific traumatic events.
- Systematic reviews of psychological debriefings (PDs) suggest little or no efficacy.
- Current VA/DoD clinical practice guidelines for PTSD do not recommend individual PDs and are cautionary towards group debriefings.
- Anecdotal evidence suggests that PDs are routinely provided in OIF/OEF following a potentially traumatic event (PTE).
- Lack of alternatives to PDs.

The Problem

- Current Army Combat and Operational Stress Control Doctrine FM 4-02.51 recommends that providers:
  - Consider alternative methods to PDs for individuals affected by PTEs
  - Avoid PD as a means to reduce acute posttraumatic distress
  - Understand there is insufficient evidence to recommend for or against conducting structured group debriefings
  - Be aware that compulsory repetition of traumatic experiences in a group may be counterproductive.
  - Consider group debriefings with preexisting groups may assist with group cohesion, morale, and other important variables that have not beend demonstrated empirically.
  - Emphasize that group participation must be voluntary

- The doctrinal manual does not however, provide alternatives to debriefings. In fact the manual suggests different debriefing formats (Leader-led after action debriefing, cool down meetings)

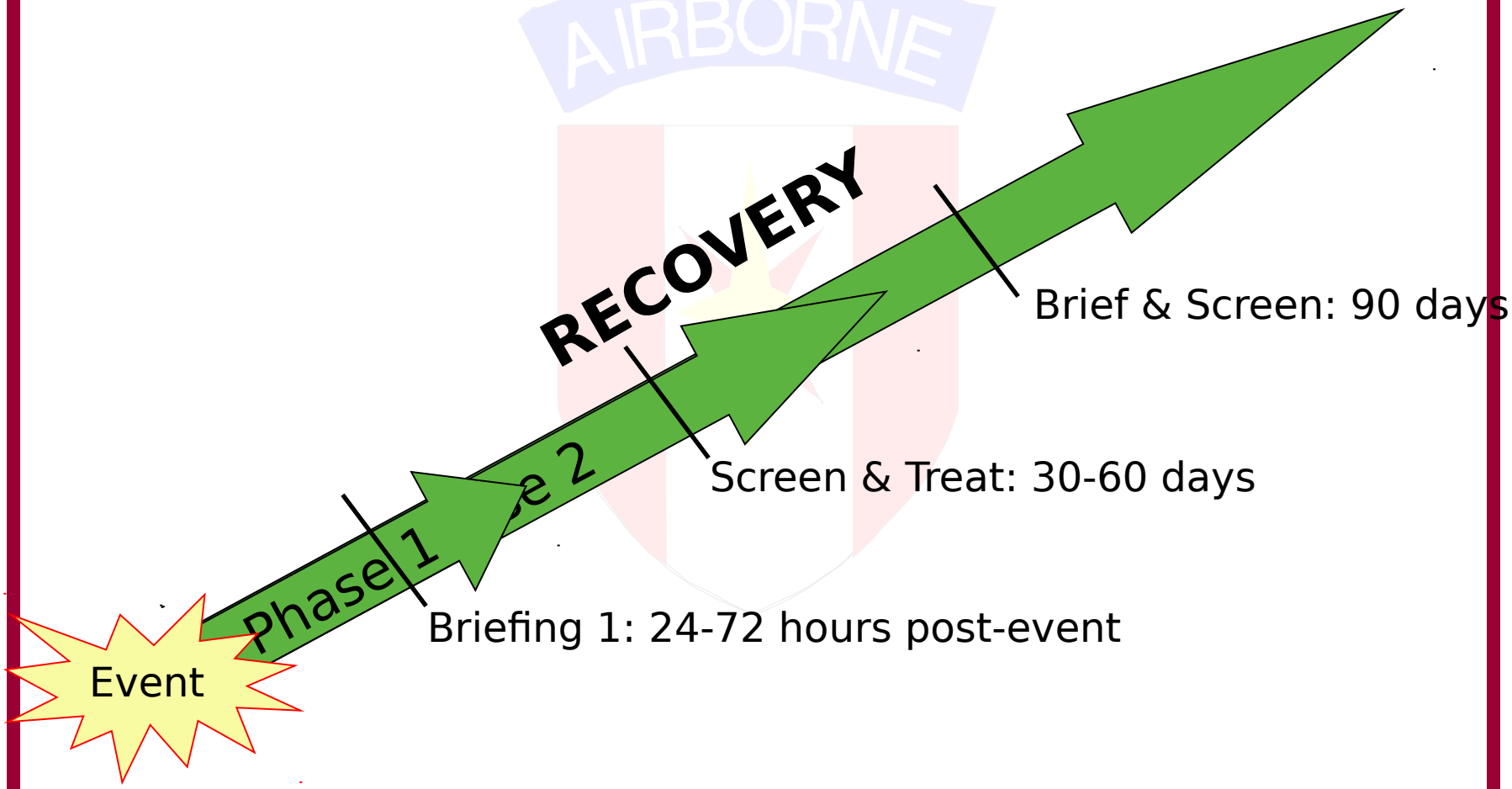
Early Intervention Requirements

- Theoretically sound
- Designed to reduce the incidence of chronic psychological problems
- Flexible to battlefield conditions
- Meets command expectations
- Demonstrated efficacy

Highlights of the Protocol

- Targeted intervention
- Can be event-oriented or time-oriented
- Uses empirically validated interventions
- Doesn’t impede natural recovery

Protocol Components



Phase 1

- Contact chain of command and ancillary support personnel.
- Schedule meeting time for affected personnel.
- Provide briefing and handout normalizing combat stress reactions. Reinforce natural recovery and reduce potential misinterpretation of combat stress reactions.
- Educate leaders and ancillary support of common reactions, natural recovery, and how to contact you.
- BE PRESENT

Phase 2

- Occurs approximately 3 to 6 weeks post-event.
- Conduct briefing on program, normal combat reactions, excessive combat stress reactions, and treatment options.
- Confidentially distribute treatment screening form (Brewin, Rose, Andrews, Green, Tata, McEvedy, Turner, and Foa, 2002)
- Offer treatment protocol for those screening positive.

Treatment Program

- Six-session cognitive behavioral treatment program. Intended to be delivered in a one-week period.
- Three elements: Anxiety management, exposure, challenging cognitive distortions
- Uses four outcome measures to assess treatment progress
  - PCL-specific stressor (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996)
  - PHQ-9 (Kroenke, Spitzer, & Williams, 2001)
  - PTCI (Foa, Ehlers, Clar, Tolin, & Orsillo, 1999)
  - CEQ (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004)

Core Cognitive Themes

- Guilt/Shame
- Betrayal
- Misinterpretation of symptoms
- Loss of control/vulnerability
- Anger/loss

Session Overview

Session 1

- Goal: Educate about traumatic stress rxns and develop proficiency in anxiety management techniques
  - Education about ASRs
  - Overview of cognitive processes interfering with natural recovery
  - Review treatment goals and requirements
  - Anxiety management principles and rehearsal

Session 2

- Goal: Introduce exposure and complete one narrative description of the event
  - Review breathing retraining
  - Educate about exposure and benefits
  - Perform one exposure session

Session Overview

Session 3

- Goal: Improve habituation of trauma memory and introduce cognitive themes
  - Review trauma narrative
  - Conduct one exposure session
  - Review cognitive appraisal processes and how cognitions and beliefs are affected by trauma

Session 4 & 5

- Goal: Cognitive processing
  - Identify central cognitive themes
  - Examine how these themes maintain reinforce traumatic appraisal
  - Introduce cognitive challenging

Session Overview

Session 6

- Goal: Consolidation
  - Complete assessments and note any changes
  - Review success of challenging distortions
  - Discuss gains and strategy to maintain gains
  - Discuss follow-up requirements

Follow-up (as required)

- Goal: Maintenance
  - Check on gains
  - Provide booster sessions as appropriate
  - Treat other BH disorder
  - Reinforce success

Additional Consideration

- Manualized treatment
- Supervision
- Repeated trauma
- Comorbidity

Selected References

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Questions and Comments

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